LEGISLATIVE RESOURCE CERTER 2021 SEP 16 AN 11: 22 SEP 0 9 2021

FINANCIAL DISCLOSURE STATEMENT UNITED STATES HOUSE OF REPRESENTATIVES Name: FILER STATUS Michael A Collins, Jr. × U.S. House of Representatives New Officer or Employee Candidates - Date of Election: New Member of or Candidate for Employing Office: _ State: District. Shared Staff Filer Type (If Applicable): Georgia 1016 Daytime Telephone: For New Members, Candidates, and New Employees Principel Assistant FORM B Period Covered: January 1, to August 31, 2021 Check if Amendment 2020 A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES (Office Use Only)

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

THIS FORM INCLUDES ON	ATTACH THE C	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	G. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	A. Did you, your spouse, or your dependent child:
ILY THE SCHEDULE	DERESPONDING SC	Yes X No	Yes X No	Yes X No
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	J. Did you receive compensation of more than \$5,000 from a single assurce in the current year and two prior years?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes X No
		Yes X	Yes No	Yess X No

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

Yes No X	EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No X	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Name: Michael A. Collins, Jr.

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	SCHEDULE A - ASSETS & " UNEARNED
Name: Michael A. Collins, Jr.	
Page 5 or 9	

SCHEDULE C - EARNED INCOME

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	Name: Michael A. Collins Jr.	
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EXCLUDE: Military pay (such as National Guard or Reserve pay), federal refirement programs, and benefits received under the Social Security Act. List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS an earned income for N and payments for pr	INCOME LIMITS and PROHIBITED INCOME: Be advised that the outside earned income limit and prohibitions on types of income may apply to you after you are on House payroli. The 2026 limit on outside earned income for Members and employees compensated at or above the "senior staff rate was \$28,845. The 2021 limit is \$29,585, in addition, certain types of income (notably horioraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.	prohibitions on types of income r 28,845. The 2021 limit is \$29,58 embers and senior staff.	ney apply to you after you are on Ho S. In addition, certain types of incom	use payroli. The 2020 limit on outside to (notably honoraria, director's fees,
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Collins Trucking	Collins Trucking Company, Inc. (subsidiary of Collins Family Enterprises, Inc.)	Salary	\$ 144,092	\$ 221,257
Collins Trucking Comapny, Inc	Comapny, Inc	Spouse Salary	\$ 43,000	\$ 78,750
Associated Credit Union	dit Union	Director's Fee	\$ 8,000	\$ 12,000

SCHEDULE D - LIABILITIES

Name	
, Michael A. Collins, Jr.	
Page 7	
or S	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by sufromobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Report a revolving charge account (i.e., redit card) only if the belance at the close of the reporting period exceeded \$10,000. "Column K is for liabilities held solely by your spouse or dependent child.

 T	~-		!		15		
					SP, DC.JT		
Collin		1888	Collins	Example			
Collins Family Enterprises, Inc		&T	Collins Trucking Company, Inc note with personal guarantee	First Benk of Wilmington, CE	Creditor		
Various		Jan 2012	personal gi	5/20	Date Liability Incurred MOYYR	<u></u>	
Demend Loans		Business Line of Credit	arantee	Mortgage on Radel Property, Dover, DE	Type of Liability		
					\$10,001- \$15,000	>	
					\$15,001- \$50,000	•	
					\$50,001- \$100,000	a	
		×			\$100,001- \$250,000	Ð	>
×					8250,001- \$500,000	m	Amount of Liability
					\$500,001- \$1,000,000	71	t of Lis
					\$1,000,001- \$5,000,000	<u>.</u>	₩.
					\$5,900,001- \$25,000,000	×	
					\$25,000,001- \$50,000,000	-	
					Over \$50,000,000	د	
			_		Over \$1,000,000* (80,000,000 (1,000,000,000)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Director At Large	Georgia Motor Trucking Association
Director	Associated Credit Union
President	Collins Family Enterprises, Inc and Subsidiaries
Managing Member	Collins Land & Property, LLC

SCHEDULE F - AGREEMENTS

	Name:	
الاستداد والمستدان والمستدان المستدان		
	Page 8	
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identify the continuation amployer.	identify the data, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employer.	ve with respect to: future employment; a leave of absence during the period of government service; emment; or continuing participation in an employee welfere or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business stillistion for services provided directly by you during the current year and two points years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a feet or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information that an Schedule C.

0.15	Source (Source (Name and City/State)	Brief Description of Duties
		Doe Jones & Smith, Hornetown, State	Accounting Services

Name:	
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NUMBER
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